

major obligation to ensure that public funds are wisely spent for this purpose. It is to be hoped that when the emergency departments of hospitals are being considered, full use will be made of this unusually provocative British report. W.R.H.

#### SALVAGE OF MEDICAL JOURNALS FOR DISTRIBUTION TO UNDERDEVELOPED COUNTRIES

THE avid hunger for all types of medical literature experienced by doctors in those areas of the world that are popularly referred to as "underdeveloped nations" has received brief comment in a previous issue (*Canad. M. A. J.*, 84: 618, 1961). Dr. Robert McClure of the Mission Hospital, Ratlam, India, during his recent visit to C.M.A. House, informed us that every medical journal received in that community is perused from cover to cover by the local Indian physicians as well as by the mission doctors.

We learn with considerable interest, therefore, that doctors in New Westminster, B.C., and its surrounding areas have established a committee of the Westminster Medical Association to conduct a program of salvage of used medical journals for despatch to hospitals, medical schools and individual physicians in underdeveloped and dollar-poor countries of Africa and the Far and Middle East. Contact with many medical school libraries in these countries has provided first-hand evidence that they have few or no medical journals and that they would welcome such periodicals, even those that are several years old, for "current" reading and reference.

Physicians and their office staffs in the New Westminster area are being asked to participate in this local salvage program by ensuring that all their used medical journals are saved for collection. The B.C. Society of Drug Travellers have volunteered to contribute to this project by collecting journals from physicians' offices, and the B.C. Pharmaceutical Association will arrange for the use of strategically located drug stores as collecting depots. Managers of these stores will package the journals in boxes which will be picked up by vans of the Western Wholesale Company, on whose premises space will be allocated for sorting and storage. Sorting and final packaging for shipment will be carried out by volunteer help. It is estimated that the cost of surface shipment of a complete 1961 volume of the *C.M.A. Journal* to India would be approximately forty cents if transported in ton shipments. The committee which organized this salvage program in New Westminster expresses the hope that UNESCO, WHO, and/or Colombo Plan funds will be forthcoming to assist in defraying shipping costs, and notes that shipments to Japan can be transported free, as freighter ballast. Import licensing procedures and distribution of this material at its destination would be cared for by authorities in the recipient country.

This program will first be put into effect in New Westminster and its surrounding areas, but Dr. Carl J. Reich, energetic chairman of the Westminster Medical Association's Committee for Salvaging Used Medical Journals, envisages a nationwide network of similar projects with a central co-ordinating committee to direct the ultimate disposal and distribution of salvaged periodicals to designated libraries and individuals throughout the needy countries of the world.

Dr. Reich invites all B.C. physicians to donate used medical journals to their pharmaceutical detail men for ultimate delivery, through the Westminster Medical Association, to medical libraries in Indonesia, the Philippines, Pakistan, India or Africa.

#### THE TEACHING OF "SCIENTIFIC ATHEISM" IN RUSSIAN MEDICAL SCHOOLS

FROM TIME to time, comments on various aspects of research, clinical investigation, medical education and practice and the nature of medical services provided to the public in the Soviet Union have appeared in the editorial and other pages of this Journal. These items have been published in the belief that a useful function may be served by supplying Canadian doctors with information concerning the activities and philosophies of our professional colleagues in Russia, fragmentary and indirect though such data may often be. The Journal is indebted in this respect to Dr. Wulf Grobin, whose outstanding linguistic abilities and background of training in European, British and North American centres of higher learning render him particularly well qualified to provide us with these fleeting glimpses of medicine in present-day Russia as reflected by the writings in current Soviet medical literature. In transcribing this material every effort is made to avoid any distortion of the intent of the original authors. That such information is presented solely as medical news, and that it in no way expresses the personal views either of Dr. Grobin or of this Journal's editorial staff, of course goes without saying.

Dr. Grobin has lately drawn to our attention a particularly intriguing article published in a recent issue of *Sovetskoe Zdravookhranenie*, a Soviet journal of public health, under the rather startling title, "Scientific Atheistic Propaganda in Medical Schools".

Two years ago, according to T. Ya. Tkachev, the author of this report (*Sovet. Zdravookhr.*, 1: 46, 1961), the Ministry of Higher Education of the U.S.S.R. recommended that a course on the basis of scientific atheism be instituted in Soviet medical schools. It was proposed that this course should consist of a total of 24 hours' instruction covering the following subjects: Marxist Atheism as the Highest Form of Atheism; The Origin of Religion; Present-Day Religions and Their Class Significance;

Scientific and Religious Concepts; Critique of Religious Morality; The Attitude of the Communist Party and the Soviet Government to Religion and the Church; The Reason for the Existence of Religious Customs in the Soviet Union and the Means of Overcoming Them; and The Form and Methods of Scientific-Atheistic Education.

Lack of systematic cultural-educational instruction throughout the schools is identified as one of the reasons for survival of religious superstition in Russia, and the Soviet intelligentsia is exhorted to work toward the "atheistic education" of the labouring masses, as one of its "highest duties".

The author describes at length the methods employed in his medical school to indoctrinate students with the concepts of atheism. Every medical discipline from anatomy to psychiatry, he observes, presents opportunities for systematic demonstration, by incontrovertible evidence, of the inconsistency of religious doctrines. Particularly helpful, he finds, are the classical examples from medical history that illustrate religious excesses and misuse in the realm of medical theory and practice.

To those who expressed concern with the increasing problems confronting Canada's medical schools, in the Journal's recent Education Issue, it may provide some comfort, albeit cold comfort indeed, to learn that Soviet medical educationalists are encountering their own peculiar brand of obstacles and frustrations.

#### MEDICINE AND THE NEW AFRICA

**I**N CONSIDERING recent trends in the whole of Africa, with the development of independent African states, there is perhaps one point which has not been adequately stressed; this is that an alien and dominant culture has in the past been superimposed upon the original tribal habits. This dominant culture has made it obligatory for the native peoples to carry out instructions in more or less a passive sense, without their active participation. While colonial administrations are controlling particular territories, these instructions will be adequately carried out and respected. The big danger is, as is quite clear from what is happening in the Congo, that as soon as the colonial administration departs, the whole structure of government collapses. The main reason for this is not only the lack of trained and educated indigenous administrators, but a feeling on the part of the colonial peoples that they will now be completely free from the discipline imposed by European administration. It seems, therefore, that the inhabitants of these territories have been forced into a state of efficiency and competence which is in conflict with their basic inclinations. They have been forced to flower in the hothouse atmosphere of Western efficiency and productivity, and when the heat of Western interest is turned off, they may flower no more.

What we should therefore expect is that there may be a rather long latent period in many of these territories, accompanied by a certain measure of deterioration in administration, as well as in medical services, while the people themselves catch up with the vision of Western civilization which has been forced upon them. We should remember that it took the inhabitants of Great Britain more than 1000 years to regain the efficiency of administration practised by their erstwhile Roman masters.

The biggest mistake that we can make about the New Africa is to expect too much of these people, who are in most instances already doing their best to cope with their own problems as they see them, not as we see them.

W.H.LER.

#### STUDIES ON "GERIOPTIL" (COMPOUND H3)

"**G**ERIOPTIL" is a preparation containing Professor Anna Aslan's much publicized compound H3 (diethylaminoethyl para-aminobenzoate procaine) together with a variety of vitamins and vitamin derivatives. Enthusiastic therapeutic claims had been made for this preparation, but there has been a lack of acceptable evidence of its value. The results of a controlled clinical trial in six subjects and six controls to study the effect of "gerioptil H3" on the mental ability, as measured by a number of psychological tests, in patients with senile or arteriosclerotic dementia have recently been reported by Cashman and Lawes (*Brit. M. J.*, 1: 554, 1961).

All of these patients were assessed psychologically before the trial was begun. The subjects were first given 0.5 ml. of 2% procaine subcutaneously, and then 2 ml. of 2% procaine intramuscularly, to obviate the possibility of procaine sensitivity. Following this they were given a course of 12 injections of gerioptil H3 intramuscularly over a period of one month. The control subjects were given similar injections of sterile water. Both subjects and controls received other treatment (sedatives, hypnotics and tranquillizers) during the trial, for their welfare and comfort, but no treatment was given which was listed by the manufacturer as contraindicated during gerioptil therapy.

This study produced no evidence that gerioptil was of any value in the treatment of these patients. The results suggested quite clearly that in those patients who did not receive the course of treatment the natural progression of their disease was retarded to some extent, while those who were treated with gerioptil deteriorated still further. In almost every part of each test, an effect contrary to the claims made for gerioptil seemed to have occurred.

F.L.